Hickman Palermo Truong & Becker, LLP
2055 Gateway Place, Suite 550
San Jose, CA 95110-1089

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL

7000 1670 0006 8330 2896

10/24
SCANNED
RET. NOT KNOWN

Angelica

UNITED STATES POSTAGE
PBY 467421
185
1594 $06.72 00 OCT 28 05
2653 MAILED FROM ZIP CODE 95125

RETURN TO SENDER
NUMBER
NOT KNOWN
ROUTE NUMBER

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Itzhak Pamafes
20050 Rodrigues Avenue, Apt. B
Cupertino, CA 95014

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 1670 0006 8330 2896

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

RETURN RECEIPT REQUESTED

BEST AVAILABLE COPY

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Itzhak Parnafes
925 Piers Court
Palo Alto, CA 94303

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4-07-05

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 1670 0006 8330 2841

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE

SAN FRANCISCO CA PM 3 NOV 2005

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Christopher J. Brokaw
Hickman Palermo Truong & Becker
2055 Gateway Place, Suite 550
San Jose, CA 95110

RECEIVED
NOV 04 2005

Docket No. 50325-0085

35110+1083

BEST AVAILABLE COPY